

16 FAM 530 MEDICAL COVERAGE LIMITATIONS AND LIABILITIES

(CT:MED-1; 02-18-2005)

(Office of Origin: M/MED)

16 FAM 531 LIMITS AND CONDITIONS OF MEDICAL COVERAGE

(CT:MED-1; 02-18-2005)

(Uniform State/BBG/USAID/Commerce/Foreign Service Corps—USDA)

(Applies to Civil Service and Foreign Service Employees)

Hospitalization and other benefits under the Medical and Health Program are subject to the following limitations:

- (1) An eligible family member other than a spouse is covered until his or her 21st birthday. If the family member is disabled or is incapable of self-support because of a disabling medical condition on his or her 21st birthday, the employee may request a continuation of insurance benefits. Such a request must be submitted to the Office of Medical Services (M/MED) 31 days prior to the last day of the month in which the family member becomes 21. Periodically, M/MED will review the family member's medical condition or disability to determine eligibility for continuing this benefit. The employee is responsible for informing M/MED of any changes in the family member's medical condition that might affect his or her coverage under the program;
- (2) The participating agency's liability as secondary payer is limited to the scope of the underlying policies, deductibles, and the copay amounts not covered by the primary insurers (e.g., the participating agency will not cover outpatient mental health visits in excess of the number covered under the primary insurance plan);
- (3) Payment for covered outpatient treatment (e.g., outpatient treatment that is directly related to an illness, injury, or medical condition incurred, caused, or materially aggravated abroad, which required hospitalization) is limited to a maximum of 12 months from the date the U.S. Government began paying for covered outpatient treatment unless a waiver is granted by the medical director for the employing agency. Subject to subparagraph (4) of

this section, the Director of the Office of Medical Services (M/MED – the “Medical Director”) may extend a patient’s eligible outpatient treatment period when he or she determines that such treatment is warranted by exceptional circumstances or the illness, injury, or medical condition requiring treatment clearly was incurred or caused in the line of duty;

- (4) The Medical Director may authorize payment for continued outpatient care only until such time that maximum benefit of treatment has been reached. Maximum benefit of treatment (see 16 FAM 114 for definition) is defined as that point beyond which definite medical improvement specifically related to the treatment is unlikely to occur, and further care would be considered supportive, or custodial;
- (5) M/MED may authorize outpatient evaluation and treatment for a mental health or substance abuse condition that requires medical evacuation. In such cases, outpatient evaluation and treatment is limited to the time that the patient is on medical evacuation status awaiting a final medical clearance determination;
- (6) Payment for cosmetic care or prosthetic care is **not** authorized, except in cases where the initial need for cosmetic or prosthetic care results from a medical condition or medical treatment authorized under this section;
- (7) Payment for dental care is authorized only in cases where an employee or eligible family member is hospitalized as an inpatient and M/MED specifically authorizes the dental care;
- (8) Claims by an employee for an injury or disease proximately caused by employment sustained in the performance of duty or temporary duty, abroad, must be processed under the Federal Employees’ Compensation Act through the Office of Workers Compensation Programs as described in 3 FAM 3630 and in 3 FAH-1 H-3630;
- (9) Payment of medical claims may be made only on behalf of a person with a valid medical clearance or a waiver of medical clearance. If an individual is not covered by health insurance, or is abroad without a medical clearance, the participating agency may advance payment with the issuance of Form DS-3067, Authorization for Medical Services for Employees and/or Dependents, for part or all of the hospital expenses abroad in order to facilitate admission to a medical facility. In such cases, the individual must sign a repayment agreement and will be required to reimburse the agency for advanced expenses either directly or through payroll deductions; and

- (10) The medical benefits under 16 FAM 500, including the issuance of Form DS-3067, do not apply to employees and eligible family members (except for medical evacuation) while they are in the United States on assignment, during home leave, rest and recuperation, or for any other reasons. However, if M/MED determines that an expense is directly related to an illness, injury or medical condition that was caused or materially aggravated while the employee or eligible family member was stationed or assigned abroad, M/MED may authorize treatment.

16 FAM 532 THROUGH 539 UNASSIGNED